

Summer Playgrounds



**9:00 - Noon Monday-Friday
June 6 - August 5**

For kids who have completed kindergarten through grade 5.

The Summer Playgrounds program offers good ol' fashioned fun for kids! Games, sports, nature activities, stories, songs, and special theme days are just a part of the fun that is led by our "trained to have fun" staff.

Fee Information

Register February - May 13

- **Early Payment Plan:** You can pay half of your total fee when registering, balance due on June 3.
- You can register for one to nine weeks.

Sliding Fee: Forms available at all recreation centers. The Sliding Fee form must be submitted with the registration form and a proof of income (recent paycheck stub or tax return). Sliding fee is based on income and size of household. Please contact the Playground Office (441-7952) to determine the amount you will pay. Families receiving a sliding fee rate cannot receive the multiple-child discount. **Program is approved to accept Title XX.**

Multiple Child Discount: Base fee applies to the first child. Each additional child from the same family is \$5 off the base fee.

Rain or Shine Sites

Take a look at our fee chart. Our Rain and Shine sites can use indoor space during bad weather, so they will operate rain or shine.

PLEASE NOTE: We reserve the right to limit the number of registrations. *Sites not having a minimum number of registrations will be cancelled.* Registrations will continue to be accepted for each site until site registration limits have been reached.

Program Locations

Cripple Creek Park

Tierra Park

Kahoa School

**Birch Hollow &
Beaver Creek Ln.
27th & Tierra Dr.
7700 Leighton**

Rain/Shine sites in bold

**Call 441-7952
for more info!**

*Thanks to ALLTEL for
providing cellular phones at
each location for our staff's
communication needs.*



Make checks payable to: Lincoln Parks and Recreation
Return to: Playground Office, 1225 F Street, Lincoln NE 68508

Summer Playgrounds Registration

Playground Site Attending _____

Participant's Name _____

Grade _____

Birthdate _____

Address _____

ZIP _____

Name of Parents _____

Day Phone (Name of Parent at Day Phone) _____

Evening Phone _____

Another Person to Contact In Case of Emergency _____

Phone _____

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Summer Playground Program, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child or ward may incur or may accrue to me or my minor child or ward on account of participation in the activities of this program.

I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation department, its officials, officers, agents, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child or ward or arising out of this program.

I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment of the rights hereby waived.

Signature of Parent/Guardian _____

Date _____

Check the weeks you want

_____ June 6 - 10
_____ June 13 - 17
_____ June 20 - 24
_____ June 27 - July 1
_____ July 5 - 8
_____ July 11 - 15
_____ July 18 - 22
_____ July 25 - 29
_____ August 1 - 5

Base Fee Chart

# of weeks registered	Price per child at regular site	Price per child at Rain/shine sites
1 week	\$16	\$17
2 weeks	\$31	\$32
3 weeks	\$45	\$47
4 weeks	\$60	\$62
5 weeks	\$74	\$77
6 weeks	\$89	\$92
7 weeks	\$102	\$107
8 weeks	\$117	\$122
9 weeks	\$131	\$137

The fee listed is the TOTAL fee due for the number of weeks selected. (NOT a per week fee)

Office Use Only

Amt. Enclosed _____
Check # _____
Amt. Due _____
Receipt # _____

Number of weeks registered _____
First Child Fee _____
Additional Child Fee _____
TOTAL Fees Due _____
Amount Enclosed _____
June 6th Balance Due _____